

Assigned Worker: _____

PLACEMENT SEARCH

Tribe _____

Relative Care
Relative Foster Care

Foster Home
Residential Care

Legal-Risk Placement
Adoptive Placement

Guardianship
Other _____

| Child | DOB | Placement Selected | Date of Placement |
|-------|-----|--------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Person or Facility | Contacted (Yes or No) | Considered & Date Considered (Yes or No) | Type of Contact & Date (phone, letter, face to face) | Type of Home/ Facility (i.e. relative, trib. member, foster home, etc) | Did the Person Request Placement (Yes or No) | Person/ Facility Response (Yes or No) | Reasons for Decision to Place or Not to place | Worker's Signature |
|--------------------|-----------------------|--|--|--|--|---------------------------------------|---|--------------------|
| | | | | | | | | |
| | | | | | | | | |

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Child's Name: _____

[illegible]